

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 1.2-C

STATE UTAH

PROFESSIONAL MEDICAL PERSONNEL AND SUPPORTING STAFF USED IN THE ADMINISTRATION
OF THE PROGRAM AND THEIR RESPONSIBILITIES

Attached is a description of the kinds and number of the medical assistance
program staff and of their responsibilities.

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(UDH-HCF-83-91)

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Corrigendum Reg VIII / 12 Oct. 1983

STAFF DESCRIPTION - MEDICAL ASSISTANCE UNIT

The following is a description of the staff positions and responsibilities of the Medical Assistance Unit.

OFFICE OF THE DIVISION DIRECTOR

The Director is responsible to the Executive Director of the Utah Department of Health. See organization chart.

Functions

Administers and coordinates the program responsibilities delegated to staff in order to develop Utah's Medicaid program in compliance with Title XIX of the Social Security Act, the laws of the State of Utah and the appropriated budget. This is accomplished by planning, managing and evaluating activities which authorize payments to qualified providers of approved services who submit claims for appropriate and necessary medical assistance rendered to eligible beneficiaries.

Major Responsibilities:

- o Develop, promulgate and ensure the implementation of plans, policies and procedures consistent with Title XIX of the Social Security Act, the laws of the State of Utah and the appropriated budgets;
- o Delegate to the Director of Medicaid Operations, the responsibility for the operations defined in Health Care Financing's program plans, policies and procedures;
- o Direct the development of long range plans for policy development and cost containment strategies;
- o Supervise, coordinate and evaluate activities of the bureau directors and of the staff of the Office of the Director;
- o Coordinate and oversee the negotiation of all contracts for services;
- o Maintain a liaison with provider and consumer organizations external to the Medicaid program;
- o Staff and utilize the Medical Advisory Committee for input and advice regarding current and proposed Medicaid policies;
- o Maintain liaison and coordinate activities with other governmental agencies which have an impact on the Medicaid program;

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- o Maintain liaison and communication interchange with the Utah State Legislature, leaders and government officials.

Staff of this Office include:

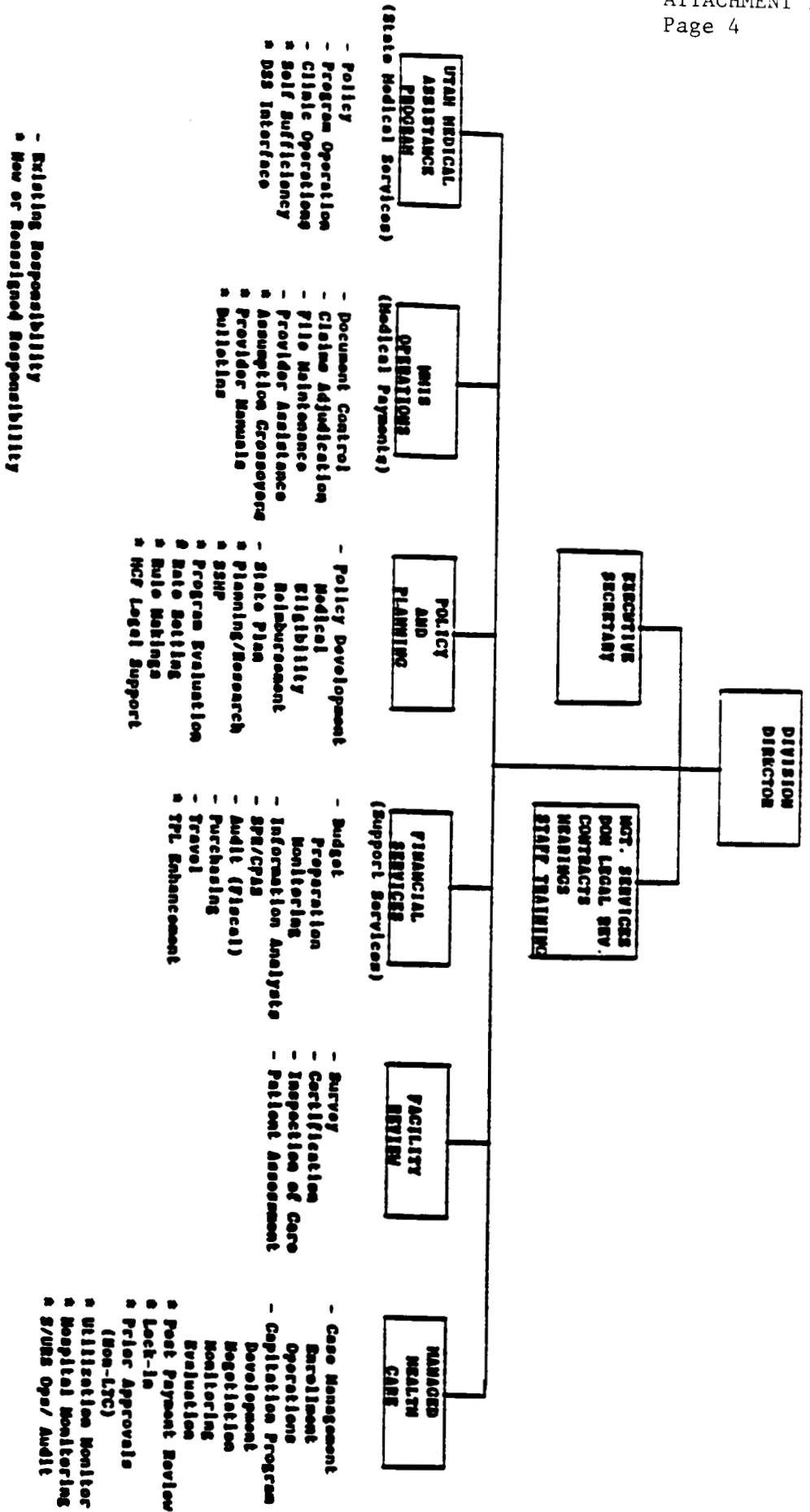
Director, Division of Health Care Financing
(2) Secretaries
Staff Attorney
Management Services Coordinator
Health Program Specialist

42 CFR References

430.0, 430.1, 431.11, 431.12, 432.1, 432.30-55

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DIVISION OF HEALTH CARE FINANCING



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Suzanne Dandoy
Suzanne Dandoy, M.D., M.P.H.
Executive Director
4/30/87

BUREAU OF POLICY AND PLANNING

The need for central coordination of policy development had been documented in a variety of situations. Because policy making transcends all bureaus, this Unit reports to the Office of the Director. See organization chart.

The position of Director of Policy and Planning has been established to accomplish the following:

- 1) Centralize the accountability for long-range planning; and,
- 2) Manage the development of and maintain the policy for the Utah Medicaid Program.

The general responsibilities of this office include the traditional areas of client benefits and eligibility policies as well as functions related to reimbursement.

Responsibilities

This bureau is organized on the basis of accomplishing the following responsibilities:

- 1) Interpret, analyze and formulate policy recommendation for the Utah Medicaid program.
- 2) Maintain the State Plan for Medicaid services consistent with federal statutes, regulations, and guidelines.
- 3) Develop and maintain policies and procedures that define the relationship between external organizations and the Medicaid program.
- 4) Define the scope of service for all mandatory and optional services offered by Utah's Medicaid program.
- 5) Respond to internal and external requests to interpret program policies.
- 6) Establish eligibility policy and maintain close coordination with the Department of Social Services to ensure proper application.

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- 7) Review, maintain, and make available to other bureaus in the Division of Health Care Financing all new federal statutes, CFR revision, HCF directives and changes in state management policies and procedures, as appropriate.
- 8) Establish and maintain continual liaison with external organizations to ensure adequate opportunity for input in the development of policy and procedure.
- 9) Develop payment methodology for all provider service categories. Coordinate provider input in developing payment methodology. Prepare and maintain written payment policies to be included in provider manuals and the State Plan.
- 10) Assist the Division Director in developing long-range plans and strategies for program services, cost containment and administrative policies involving policy development.
- 11) Promulgate Medicaid policies which conform to state rules and laws.
- 12) Draft and submit rules into the rulemaking process.
- 13) Promulgate implementation strategies and implementation procedures.

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The responsibilities of each unit are as follows:

Eligibility Unit

The eligibility unit:

- o Interpret, analyze and make policy recommendations for Medicaid eligibility policy.
- o Evaluate and analyze current eligibility policy.
- o Prepare waivers stemming from threatened federal fiscal sanctions regarding eligibility.
- o Liaison with the Department of Social Services concerning eligibility policy.
- o Coordinate, monitor and advise the director on eligibility hearings.
- o Prepare the State's Annual Medicaid Eligibility Corrective Action Plan.
- o Represent the Department of Health at quarterly DSS Corrective Action conferences.
- o Assist in the preparation of Health sponsored Medicaid eligibility state legislation.
- o Resolve eligibility complaints.
- o Represent the division with client groups and professional organizations.

Legal and Rulemaking Unit

The legal and rulemaking unit:

- o Advise the policy bureau and other bureaus concerning the legal aspect for policy and operations of the Utah Medicaid program.
- o Conduct public hearings concerning policy changes.
- o Support other bureaus concerning public hearings applicable to their areas of responsibility.
- o Ensure that due process requirements are met concerning Medicaid policy and operations.

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- o Maintain the procedural processes for State Plan and rulemaking changes.
- o Provide technical assistance for the bureaus concerning State Plan changes and rulemaking.

Reimbursement Policy Unit

The Reimbursement Policy Unit has two primary responsibilities:

- o Reimbursement Policy
- o Rate Setting

The following are reimbursement policy responsibilities:

- 1) Analyze, research, develop, make recommendations and plan for the implementation of policy impacting the medical assistance budget.
- 2) Perform highly technical actuarial type cost analysis and cost projections.
- 3) Analyze program medical benefits (optional and required); participant utilization factors; participant eligibility groups; medical cost including fees; inflationary factors, federal regulation requirements and other risk factors affecting costs in the health care industry.
- 4) Prepare and make recommendations regarding rate setting and audit procedures, program reviews, quality control, reimbursement policy with related program policies.
- 5) Prepare and make professional verbal and visual presentations to Division, Department and provider groups.
- 6) Research Medicaid payment issues and prepare responses to providers.

The following are responsibilities of rate setting:

- 1) Establish a pricing strategy
- 2) Develop pricing policies and methodologies
- 3) Create a process to systematically review and update prices.
- 4) Perform other responsibilities directly related to the price setting functions.

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Health Program Managers

There are two Health Program Managers; each has different programs. One has responsibility for the following programs:

- Inpatient Hospital
- Outpatient Hospital
- Physician
- Lab and x-rays
- Certified Nurse Anesthetist
- Certified Nurse Midwife
- Rural Health/Home Health
- Local Health Departments

The other Health Program Manager has responsibility for these programs:

- Early Periodic Screening Diagnosis Treatment
- Speech
- Audiology
- Medical Supplies
- Pharmacy
- Podiatry
- Dental
- Transportation
- Vision
- Acquired Immune Deficiency Syndrome

The duties for both managers are the same but apply to different programs. The primary focus is to analyze, interpret, research and formulate policy recommendations for assigned programs.

Although it is a very short statement (used here in the interest of brevity), there are several professional activities associated with these primary responsibilities. For example, extensive research is required. A comprehensive knowledge of federal regulations; state regulations and program operations is also essential. During policy development, concomitant interaction and coordination is vital with other bureaus and divisions of the Department of Health. In addition to interagency coordination, coordination with regulatory personnel outside the Department of Health is necessary. Coordination is also necessary with provider representatives and client groups. Extensive knowledge of the budgetary process and the overall impact policy has on expenditures is required during the formulation phase. Monitoring of SURS reports for problem identification and policy evaluation is also required. However, the most important and difficult aspect is the professional judgment which is required in order to make the best possible decisions.

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Community Based Services Unit

The Community Based Services Unit is composed of individuals transferred from the Department of Social Services (DSS). It is a unit which had responsibility for the policy and operation of the Social Services Health Plan (SSHP). Since the federal waiver authorizing SSHP was not renewed, the authority to continue DSS programs was obtained through State Plan changes. As a federal condition for State Plan approval, individuals from SSHP had to be transferred to the Single State Agency (Department of Health). Accordingly, Health Care Financing (HCF) is now responsible for the policy and operation (including prior authorization and quality control) of social service programs which are eligible for Medicaid reimbursement. These programs include areas of:

Youth Corrections
Services to the Handicapped
Family Services
Mental Health

In addition to the responsibilities associated with social service programs, the unit is also responsible for the following programs:

Long Term Care (Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF) and ICF/Mentally Retarded)
Psychology
End Stage Renal Disease
Home and Community Based Waivers

42 CFR References:

431.10, 431.18(e), 431.50-53, 431.110, 431.615, 431.625, Part 440, Part 441, 447.50-59, 447.200-262, 447.321-371, 431.110, 431.615

Staff of this Office include:

Director, Medicaid Policy and Planning
(3) Secretaries
Technical Writer
Staff Attorney
Planner
Prior Authorization Technician
(4) Health Program Specialists
(2) Health Program Managers
Research Assistant
Medicaid Reimbursement Specialist
Health Program Representative
Health Program Technician

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